

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 1080   | 10/12    |
| FORMALITY REVIEW          | SSA      | 1080   | 10/25/01 |
| RESPONSE FORMALITY REVIEW | RG       | 642    | 3-27-02  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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15726/01  
H1020  
05/26  
05/26